

## **Politeness Strategies in Healthcare Communication at “Difficult Times”: A Pragmatic Analysis of the Manga Discourse in *Nurse Aoi***

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This paper examines the ways in which healthcare professionals interact with patients’ family members, and/or colleagues. The data are from healthcare discourses at difficult times found in the manga series entitled *Nurse Aoi*. As the first step, we selected several communication scenes for analysis in terms of politeness strategies. From these scenes, we extracted individual events that exhibit any one of five main constraints/maxims that follow Leech’s (2009) Grand Strategy of Politeness (GSP) framework— generosity/tact, approbation/modesty, obligation, opinion, and feeling. Then in-depth analysis was conducted using the following three perspectives: the contextual background of the communication, the relationship with patients’ family member and/or colleagues, and the degree of face-threatening acts. This last perspective was evaluated by Politeness Theory (Brown & Levinson, 1987), judging the imposition of face-threatening acts, social distance, and relative power. Each communication event was examined in terms of politeness strategies (Brown and Levinson, 1987; Yoshioka, 2007). At difficult times optimal politeness strategies are required while simultaneously providing urgent medical care for patients or victims. The findings of this study indicate both potential problems with healthcare communication at difficult times such as disasters and also suggest the ways in which the quality of communication may be enhanced.

**Key Words:** healthcare communication at difficult times, face-threatening act, Grand Strategy of Politeness (GSP), politeness theory, manga discourse

### **1 Introduction**

The unprecedented disaster of the Great East Japan Earthquake that hit the Tohoku and Kanto regions on March 11, 2011 has left Japan with an enormous loss, again reminding the world of the powerful forces of nature. During and after such disasters, healthcare professionals are of course called upon to support and assist the people afflicted. According to a recent issue of

the *Journal of Japan Society of Disaster Nursing* (Sakai, Yamasaki, & Misawa, 2011; Obara, 2011; Shirai, 2011; Yamada, 2011; Watanabe & Tachigaki, 2011), nursing professionals went to the disaster sites immediately after the Tohoku tragedy and described the details. They report that some problems arose in terms of interpersonal communication. Although medical and hygiene problems were of most immediate concern, the authors also mention that the emergency communication system was insufficient (Obara, 2011; Sakai, Yamasaki & Misawa, 2011; Shirai, 2011; Watanabe & Tachigaki, 2011; Yamada, 2011).

Along with healthcare professionals, thousands of citizens have volunteered to help the victims. As an anecdotal account, one nursing student talked about the importance of interpersonal communication at the shelter where the stress levels of the victims are high in general (personal communication, April 2011). Regarding the importance of communication in healthcare setting, Williams and Gossett (2001) addresses that communication is a critical skill for all health professional as stipulated by Pew Health Professionals Commission, 1995. In nursing, Henderson (1960, 1997) points out that the patients' need for communication is satisfied if they can adequately convey their feelings, through the expression of their wants, desires, and fears. Accordingly, one of the important roles for nurses is to adequately facilitate their patients' expression of their feelings. This notion of communication, which has been discussed since the 1940s, is defined as the transactional and affective process of sharing information, feelings and attitude through the use of symbolic behavior such as language (Northouse & Northouse, 1998). Healthcare professionals, nurses in particular, are expected to acquire communication skills that might lead to mutual trust and a therapeutic, supportive relationship between themselves and their patients. During times of difficulty, communication including information systems such as crisis and emergency risk communication (Reynolds & Seeger, 2005) is labeled as an important competence for health professionals (Daily, Padjen, & Birnbaum, 2010; Thuston & Chen, 2002). For example, Daily et al. (2010) identify in a comprehensive study key subcategories of communication competency desirable in healthcare professionals, including "communication and notification", "communication and connectivity", "communication and interpersonal relationships" and "communication and information sharing". As a more specific example, Haga (2011) explains that based on his real experience the most useful assistance for the victims in the Tohoku district after the earthquake was saying "I will be back tomorrow"— adding the assurance of connection was vital and effective in his opinion.

For the present study, we focus on "communication and interpersonal relationships" with a micro level analysis that uses Politeness Theory (Brown & Levinson, 1987) and includes discourse politeness (Usami, 2006), and Grand Strategy of Politeness (Leech, 2005). According to Brown and Levinson (1987), politeness is defined as a strategy for mitigating face-

threatening acts, which is an act negatively affecting an individual’s face, a self-image or social value that has been established in the course of the interlocutor’s life history (Goffman, 1967).

In the area of nursing communication, Riley (2000), citing Spiers (1998), uses the notion of “face” and politeness theory to explain nursing communication, considering how the patients and nurses both use strategies to both “save face” or help their interlocutor to “save face.” She argues that “saving face” is a strategy intended to preserve dignity so that each party is able to continue to invest in the interaction without experiencing threat or other negative feelings. Among communication studies in doctor-patient interaction, Adegbite and Odebumni (2006) includes the politeness theory for examining the discourse.

Within a framework of both Politeness theory (Brown & Levinson, 1987) and the Grand Strategy of Politeness (Leech, 2003, 2009), the present study examines the interaction between healthcare providers and/or their patient’s or victim’s family members on a micro-level, analyzing data from a Japanese comic book or manga series in an effort to discover what communicative factors may better the interpersonal relationship in difficult times such as emergency or disaster-like accidents. With the purpose of improving healthcare communication, we have investigated the different types of politeness strategies used in manga communication scenes. Accordingly, the research questions for this study include:

- a) In what way do healthcare providers in times of difficulty use politeness strategies with their patient or patient’s family member(s)?
- b) What kind of factors may help develop the politeness in an integrative manner in difficult situations?
- c) What kind of politeness strategies seem to be successful in establishing better communication and relationships even during times of distress?

## 2 Methods

### 2.1 Data collection

#### *Manga in Japan*

“*Manga*” is a loanword defined in the Oxford Dictionary of English (2003) as “a Japanese genre of cartoons, comic books, and animated films...” As pointed out in Matsuoka, Smith, and Uchimura (2009, 2011), *manga* in Japan should be categorized as a different genre from comic books in western countries, in terms of both form and function. Therefore, the indigenous label, *manga*, is often used in this article in order to distinguish them from the more general category of “comic books.” Natsume (2004), the grandson of a famous writer *Natsume Soseki*, established *manga-gaku* (literally “the study

of manga”) as an academic field. Overseas as well, manga has started to gain attention from some researchers, as observed in Steiff and Barkman (2010).

Some manga address healthcare and their main characters are doctors or nurses. Such comics have been popular in Japan and the genre of *iryō manga*, or “healthcare *manga*,” is well established, though the Japanese National Diet Library has not yet included it as an official category of literature (Japan National Diet Library, Dec. 13, 2008). Tezuka Osamu, widely recognized as an important manga writer, was a medical doctor and wrote “Black Jack,” the first officially acknowledged medical or healthcare manga in the 1970s. Other manga have been supervised by healthcare professionals (Yomiuri shinbun, 2007).

## 2.2 Rationale for using manga

As pointer out in Matsuoka, Smith, and Uchimura (2009, 2011) because of strict ethical codes and logistical difficulties, obtaining raw data from healthcare sites is nearly impossible, especially at times of emergency or other difficulties. Although studies and reports using interviews, narratives, or anecdotal stories do exist (e.g., Johnston, 2003; Eisenman, Cordasco, Asch, Golden, & Glik, 2007), there are few if any studies dealing with real interpersonal communication scenes based on retrospective data. There are some studies dealing with healthcare communication using the data from simulated patients (SP) sessions (e.g., Waki, 2008, 2011), even though there is a danger that this data may differ greatly from that of real patients since SPs are trained for assessing the communication competencies of their students (Kruijver, Kerkstra, Bensing, & van de Wiel, 2001). On the other hand, public media including manga may provide at least as realistic data for discourse studies as that of role-play training sessions.

As an alternative to video data, in manga “spoken” language is projected through text in speech-balloons that accompany pictures. The complex orthography of Japanese also allows manga writers to provide non-verbal data, expressing paralinguistic features through the substitution of *katakana* for *hiragana*, or different sized letters, for example. Compared with other comics, manga have fewer words or lines, emphasizing instead the unspoken forms of communication that are a ubiquitous feature of all speech, including Japanese (Hall, 1977). In this study, some non-verbal behaviors are investigated for analysis.

As pointed out in Matsuoka, Smith, and Unimura (2009), manga content may be exaggerated in order to seize the readers’ attention; however, the authors in general attempt to present a reasonable reflection of the real world. In fact, Maynard (2004, 2008) lists manga as a legitimate genre for data in discourse analysis. In prior studies of discourse analysis in Japanese (Maynard, 2005), manga have been used as effective source material for analyzing feelings and “emotivity” which is a more abstract and

philosophical concept than “emotionality”. In healthcare studies, attitudes towards smoking have been analyzed and discussed using manga as data (Kawane, Watanabe, & Takeshita, 2007) as well as in politeness studies (Matsuoka, Smith, & Uchimura, 2009, 2011; Matsuoka & Poole, 2010, 2011). In a different area, Matanle (2008) has used manga for examining a gendered hierarchy of employment and argues that manga provide “ontological commitment” for the readers.

### 2.3 Data

The manga series entitled *Nurse Aoi* was chosen for this study because in three volumes (20, 21, and 22) there are nine episodes of 186 pages that deal with difficult situations related to an accident and with the scenes from a medical rally, a contest for pre-hospital and disaster medicine including triage. *Nurse Aoi* was originally published in the weekly comic book “*Morning*” and then because of its popularity later independently published in book form beginning in 2004. For example, Kawate et al. (2007) use *Nurse Aoi* as a reverse case for advocating non-smoking in society as some scenes in the manga reveal nurses smoking. This also evidences the realism of this manga series if we consider the fact that smoking is still pervasive amongst healthcare professionals. In 2006, *Nurse Aoi* was televised as a TV drama series and the average viewing rate of the twelve shows was 14.18% (ARTV, 2010). The final 32<sup>nd</sup> volume of this *manga* series was dated on November 22<sup>nd</sup> in 2010.

Koshino Ryo, the author of this series has never worked as a nurse. However, he conducted interviews with nurses in various healthcare institutions and observed a medical rally in order to both acquire the resources for this manga series and to maintain the realism of the fictional episodes. Additionally, his wife, who a nurse and his brother, who is a medical researcher, have advised him professionally, in his working on this medical manga. Partly because of this, technical healthcare terms appear in each episode, and the glossary at the end of every volume is helpful for general readers.

### 2.4 Data analysis

#### *Politeness and politeness strategies*

For the detailed analysis using Politeness Theory, there are some elaborate specifications for both “face” and “politeness”, which is both positive and negative. Positive face is one's wants to be approved and negative face is one's wants to be unimpeded (Brown & Levinson, 1987). Accordingly, positive politeness is interpreted as the strategy for positive face, and negative politeness as the strategy for negative face. Brown and Levinson (1987) provides fifteen categories for positive politeness strategies: 1) notice,

attend to the hearer's interests, wants, needs, and goods, 2) exaggerate interest, approval, sympathy with the hearer, 3) intensify interest to the hearer, 4) use in-group identity markers, 5) seek agreement, 6) avoid disagreement, 7) presuppose/ raise/assert common ground, 8) joke, 9) assert or presuppose the speaker's knowledge of and concern for the hearer's wants 10) offer, promise 11) be optimistic, 12) include both the speaker and hearer in the activity 13) give or ask for reasons, 14) assume or assert reciprocity, and 15) give gifts to the hearer such as goods, sympathy, understanding, cooperation. Ten categories are provided for negative politeness strategies: 1) be conventionally indirect, 2) question, hedges, 3) be pessimistic, 4) minimize the imposition of face-threatening act, 5) give deference, 6) apologize, 7) impersonalize the speaker and hearer, 8) state the face-threatening act as general rule, 9) nominalize, and 10) redress other wants of the hearer's. Based on these strategies, Yoshioka (2008) proposes that politeness strategies based on Brown and Levinson's categories are applicable to the Japanese healthcare settings. Yoshioka's modified version for Japanese healthcare settings includes sixteen categories for positive politeness strategies, and seven categories for negative politeness strategies. For example, Yoshioka includes one additional positive politeness strategy: to avoid overly honorific expressions such as using *sama*, in order to establish a better relationship. Since Yoshioka's investigations (Yoshioka 2007; Yoshioka, Hayano, Miura, et al., 2007; Yoshioka, Aizawa, Tanaka, et al., 2008) are based on large scale surveys, we can conclude that the modifications he and his associates made from Brown and Levinson (1987) are justified as rigorous categories of strategy in Japanese healthcare settings. Different from critical research on universality in Brown and Levinson's Politeness Theory (e.g., Watts, 1992; Ide, 1982; Pikor-Niedzialek, 2005), Yoshioka's research implicitly supports the universality of Brown and Levinson's Politeness Theory.

#### *Grand strategy of politeness*

The other framework for this study, "Grand Strategy of Politeness," (Leech, 2005) is based on principles of pragmatics (Leech, 1983) and composed of five constraints for politeness: generosity/tact, approbation/modesty, obligation, agreement, and feelings. Each constraint may be projected as a different communicative function of a speech act depending on the individual values of the hearers or speakers. Leech also proposes two different scales for examining politeness; absolute and relative politeness scales. By absolute politeness scale the level of politeness is gauged only by the superficially visible or audible linguistic features. Absolute politeness seems to be "linguistic politeness" in Watts (1992). Relative scale, on the other hand, is relative to norms in a given context. Different from the absolute politeness scale, linguistically same forms may be interpreted in a different manner, depending on a given situation. The strategy in Japanese of *ingin burei*, or "politely rude," is one good example of a linguistic form relevant to this scale.

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Based on the belief that all utterances can be face-threatening acts depending on the context—as Usami (2006) posits in constructing discourse politeness theory—it is preferable to analyze communication behaviors *in situ*, in accordance with a relative politeness scale (Leech, 2005, p.7), rather than being removed and treated as a decontextualized utterance following an absolute politeness scale (Leech, 2005, p.7). Watts (1992) refers to such relative politeness as “social politeness.”

In order to examine the ways in which verbal and non-verbal communications are conducted between or among the healthcare providers and their patient(s)’ family member(s), in this study we looked at five scenes projecting the main constraint/maxim were subjected to discourse analysis using three perspectives.

The first perspective was the context of communication, or the situation where the given speech event took place. The second perspective was the relationship of mutual trust between the healthcare professionals, mainly nurses, and their patient. The last perspective was based on the Politeness Theory of Brown and Levinson (1987). Specifically, taking the first and second perspectives into account, the patient’s responses were analyzed with regard to the degree of the face-threatening acts involved. The degree of the face-threatening acts was evaluated as high or low with respect to three factors: the imposition of the given act; the social distance between the healthcare professionals, such as nurses and their patient; and the power relations between them in the context, based on the Politeness Theory.

Like polysemy explicated in Tannen (1986), spoken discourse may affect a plurality of functions and speech acts, often even deceptive in nature. Verbal utterances, therefore, cannot always be taken at surface value. For instance, “thank you,” superficially the speech act of gratitude could mean “This is the end,” at the end of presentation. Furthermore, it has been argued that humans possess a tacit knowledge (Polanyi, 1958, 1997), an underlying unconscious stored in the mind. Therefore, it seems inappropriate to label utterance according to one politeness strategy without regard for the sociolinguistic context. Accordingly, multiple politeness strategies need to be taken into consideration and not as absolute labels but as relatively appropriate.

### **3 Findings and Analyses**

For answering the research questions, discourse analysis was conducted to analyze and discuss the data from three volumes 20, 21, 22, dealing with healthcare at difficult times such as an accident and medical rally sites that assume disasters, selected from 22 volumes (out of 32 volumes), 200 episodes, and over four thousand pages of the manga series “Nurse Aoi”. The following five communication events were chosen for in-depth analysis. As criteria, we selected the scenes based on whether or not they included: a)

interpersonal communication involving a healthcare provider, b) face threatening act, and c) difficult settings where the individuals were under duress. All communication scenes satisfying the criteria were categorized into GSP's five constraints or maxims, and one scene for each constraint/maxim was selected based on the abundance of politeness strategies, considering the characters in the scene as well.

The main character, Misora Aoi, is twenty-four years old and came to work at the local hospital from a large-scale major hospital after violating the law prohibiting nurses from making incisions, even though her emergency operation saved a patient's life. She finished three-years of nursing school and when she was twenty-one years of age she started to work as a nurse; therefore, at the time the manga series starts she has three-years of experience.

Scene 1 and 2 are from volume 20, which deals with traffic accidents caused by victims, and the focal portions are interactions of healthcare providers with each victim's family member. The main character in the first scene is Mr Ryusei, a young ambulance member, and the second scene is a male head nurse Mr Tsubaki, who is Aoi's boss.

In the first scene, Misora Aoi (Nurse AOI, hereafter) encounters a serious auto accident. Nurse Narahashi is her colleague and plays side role as less caring person for suffering people. The victim is Mr Yoshikawa, and his grandson Sho is at the accident site. While Nurse AOI tries to help him, Mr Ryusei, a member of the local fire department appears and efficiently tries to save him.

**Scene 1** (constraint/maxim: generosity/tact) Volume 20: 18

- 1 Grandson of Mr Yoshikawa (Sho): *Jii-chan, guttari shiteiru.*  
[Grandpa looks limp.]
- 2 Nurse Narahashi: *Hontooni yabai kamo.* [it may be very critical]  
*Demo kokoja monomo nai, kensa mo dekinai.... Nanimo dekinai -----*  
[But I don't have any instruments, and examinations are impossible... I cannot do anything--]
- 3 Mr Yoshikawa: *Ore doo nacchimaunda?* [I... what's going to happen to me?]  
*Masaka konomama.....* [By any chance, I will be...]
- 4 Nurse AOI: (in mind: not verbalized) *Naniga okotteiruno!? Ikkokumo hayaku byooin ni tsurete ikitaikedo—*  
[What is going on with him!? I really need to take him to the hospital immediately--]
- 5 **Sho: Taicho, jii-chan wo tasukete! [Captain, please save my grandpa!]**
- 6 **Ryusei (Captain): (His eyes look serious and he starts to ask the driver some questions.)**

a. Situation and context of communication: This scene is at a serious auto accident. Mr Yoshikawa, the victim, caused the accident for himself and



looks critically injured. In fact, he has diabetes and without taking enough sugar he took insulin and felt faint while riding a motorbike and then caused this accident. Mr Yoshikawa is sixty-five years of age. Mr Ryusei is an ambulance staff and a member of the medical rally team. To work as an emergency medical technician is his dream. Children refer to him as “captain.” Nurse Narahashi, the colleague of Nurse Aoi, ignores the accident but notices that Nurse Aoi tries to save an injured person and watches this situation. She has just started to worry about him, but her main interest lies in Mr Ryusei.

b. Relationship between the healthcare provider(s) and the victim’s grandson: Nurse Aoi does not know Mr Yoshikawa, his grandson, or Mr Ryusei. She is just a passerby but as a nurse she tries to help the injured person by even running the risk of having an accident herself. Mr Yoshikawa, the local senior citizen may know Mr Ryusei through his grandson Sho as Mr Ryusei is popular among children in the local community and plays ambulance care sometimes with the children. Mr Yoshikawa’s grandson Sho and his friends respect Mr Ryusei and call him “captain” and treat him as a hero. Mr Ryusei is not a doctor or nurse but seems knowledgeable about the medical.

c. Politeness phenomena and politeness strategies: The focus utterance of generosity/tact in Grand Strategy of Politeness (GSP hereafter) is line 5 by Mr Yoshikawa's grandson Sho (a victim’s family), which is the speech act of request, the plus tact of placing a low value on the speaker’s wants. By using the *te*-form, a casual polite request which is used frequently in daily life by Japanese speakers, he obeys the strategy of using not too polite form, the one designated as the positive politeness strategy by Yoshioka (2008).

In terms of the degree of face-threatening act, regarding the power in relationship, Mr. Ryusei, the ambulance staff, may have stronger power over Mr Yoshikawa’s son as Mr Yoshikawa’s son respects Mr Ryusei and calls him “captain”. Marking him as “captain” is a good example of using in-group identity marker, the category of positive politeness strategy by Brown and Levinson (1987) endorsed as a legitimate strategy for Japanese by Yoshioka (2007). The social distance between them is supposed to be reasonably close as they know each other and seem to have good relationship. Facing his grandfather in a critical condition is a heavy imposition or burden on this boy. The good social distance and a reasonable power relation may reduce the imposition; however, the degree of the face-threatening act is considered as high in this scene.

The immediate response of Mr Ryusei towards this boy is shown in line 6. Although this line is non-verbal communication, his attitude seems to function as various politeness strategies to mitigate this boy’s face-threatening degree. For example, showing serious looks to the boy means

“notice, attend to the hearer’s needs”, the item 1), 3) “intensify interest to the hearer”, of the positive politeness strategy list in both Brown and Levinson (1987) and Yoshioka (2007). Only paying an attention to language per se could miss the important phase of this little gesture, which might give an impact to this boy in jeopardy. This excerpt shows the important of using relative or social politeness scale.

After giving the determined look to this boy, Mr Ryusei moves to asking some questions to the other driver in order to find the cause of his health problem. Mr Ryusei is not a real healthcare professional but an ambulance staff; however, his response to Mr Yoshikawa’s grandson Sho seems to be effective for mitigating the degree of face-threatening acts of this boy. As both polysemy (Tannen, 1986) and tacit knowledge (Polanyi, 1958, 1997) suggest, however, there are different interpretations and meanings towards the same phenomenon described by the manga script here. In this excerpt, the eyes of Mr Ryusei may be interpreted as looking for someone who knows the process of Mr. Yoshikawa’s accident because the query toward the truck driver witness follows it. The showed way of his eyes, however, should be considered as a response as least to Sho’s desperate request or plea and it is not plausible that Mr Ryusei ignores this boy’s plea.

**Scene 2** (constraint/maxim: feeling) Volume 20: 136-137

7 Nurse AOI: *Shicho! Kyuukan kiterundesuga*

[Chief, an emergency case is here]

8 Nurse AOI (?): *ICU de kyuuhen ga atte!* [There was an emergency in ICU.]

*Doo shimashou?* [What should we do?]

(Head nurse Tsubaki is holding the phone with a serious look on her face).

9 Head Nurse Tsubaki (HN Tsubaki, hereafter): *Wakatta* [OK]

*Sugu iku.!* [I am coming

soon.]

10 Victim’s wife: *Ta..Tasuketee!* [Hee... Help!]

*Shujin wo tasukete kudasai.* [Help my husband, please!]

11 **Victim’s wife: *Kare...* [He..] (with tears)**

***Watashi wo kabatte...* [sheltered me with his body, and...]**

(Head nurse Tsubaki looks puzzled with some sympathy.)

12 Victim’s wife: ***Watashino seide...* [Because of me.]**

(Head nurse Tsubaki holds her shoulders tight.)

13 HN Tsubaki: *Daijobu* [He should be alright.]

*Makasete* [Trust me.]

14 Nurse AOI: *Shicho* [Chief]

15 HN Tsubaki: *Chotto gokazokuno kata tanomuzo.* [Please take care of his family.]

(The head nurse heads off for an emergency case.)

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a. Situation and context of communication: At the hospital, Nurse Aoi calls the Head Nurse Mr Tsubaki for an emergency case while the victim's wife asks him for help. This wife's husband was in the critical condition as the result of an auto accident, and he is an emergency case. The wife in tears said that her husband sheltered her with his body and as a result he was run over by the car. The wife is beside herself with despair over the situation.

b. Relationship between the healthcare professional and his patient wife: The relationship between HN Mr Tsubaki and this victim's wife has not been described in the manga story, so it is difficult to judge. The victim's wife, however, shows her upset feeling to him, suggesting she trusts him as a reliable healthcare staff.

c. Politeness phenomena and politeness strategies: The focal part of “feeling” in GSP is lines 11 and 12 uttered by the victim's wife, with the speech act of expressing suffering of minus sympathy placing a low value on speaker's wants. According to Leech's GSP, the speech act of minus sympathy is “expressing antipathy” instead of suffering, and placing a low value on hearer's wants. This case is a reversed version of the typical example. The victim's wife certainly interacts with the other person, a healthcare professional HN Mr. Tsubaki; however, the feeling is antipathy toward herself, in the form of agony or suffering. Therefore, the positionality and the notion of feeling are interpreted in a different manner.

In terms of the degree of face-threatening act, the imposition of the act of enduring the fact that her husband is in the critical condition because of her seems considerably high. The social distance between this victim's wife and Mr Tsubaki initially seems to be neutral, but through Mr Tsubaki's comforting communication behavior seems to reduce the social distance, which may fluctuate dynamically with any subtle factors. For instance, just a little smile in daily life may reduce the social distance. Regarding power, the victim's wife is in the position of asking for help and HN Tsubaki may be in the higher position. However, at the same time, her way of requesting him to save her husband in line 10 may indicate that the wife exercise her power as the patient's (victim's) family. In addition, crying has a powerful impact in certain conditions, and her way of expressing her feeling may function as demanding the better healthcare service. Although both social distance and power relations seem to move for mitigating the weight of imposition on face-threatening act, the degree of face-threatening act toward this victim's wife is still high.

In such a situation, HN Mr Tsubaki gives warm comfort to this victim's wife by holding her shoulder tight and utters line 13, both of which are assuring comfort and security to her. They function as politeness

strategies in the category of 10) offer and promise, and 11) be optimistic, in Brown and Levinson's list (1987) endorsed by Yoshioka (2007). Then as Mr Tsubaki is called by Nurse AOI, he asks her to take care of this victim's wife. When asking, Mr. Tsubaki uses "family" in the honorific term, instead of "victim's wife" in the plain way. It may be interpreted that he deliberately tries to keep a reasonable distance by using the linguistically polite form, which is categorized as a negative politeness strategy 5) give deference in Brown and Levinson's list (1987) endorsed by Yoshioka (2007), after holding her shoulders tight followed by comforting and securing utterances.

Scenes 3 and 4 are elicited from volume 21, which deals with a "medical rally" which is a contest for prehospital and disaster medicine. Koshino Ryo, the author of N's AOI visited a medical rally, and observed and interviewed the participants there in order to write this volume. Scene 3 is about an emergency and a simulated patient lies unconsciously because of a cardiac arrest. The main characters in this scene are Ryusei appearing in the first scene and Tsubaki appearing in the second scene as competent healthcare providers in communication. Scene 4 is about a mass accident of a railway train and a car. The passengers who are experts in playing a given role appear at Scene 4.

**Scene 3** (constraint/maxim: approbation/modesty) Volume 21: 56-57.

16 HN Tsubaki: 29 30 (counting the number in doing artificial respiration)  
(onomatopoeia)

17 Mr Ryusei: *Kootai shitekudasai*. [Please change.] (saying it in a loud voice)

(HN Tsubaki notices Nurse AOI, and she looks worried.)

18 HN Tsubaki: ...*Mada daijoobu da*. [...I am still fine.] (said with a scary face)

19 Mr Ryusei: ***Daijoobu toka... [Being fine or....]***

***Soiu mondai janakute--- [such a thing is not the issue but--]***

(Mr Ryusei taps HN Tsubaki's shoulder.)

20 HN Tsubaki: ***(in a loud voice) Chanto yattendaro!! [I am doing it properly.]***

*Bakani sunja ne—yo!* [Don't insult me!]

(All look shocked.)

a. Situation and context: It is the site of medical rally, and the simulated patient pretends to lie unconscious, and HN Tsubaki and Mr Ryusei are in charge of this round. HN Tsubaki is giving artificial respiration to him by pounding his chest counting. In this scene, Mr Ryusei asked Mr Tsubaki to change the turn of giving artificial respiration, but there is a problem between them regarding whether to change or not. Several people including Nurse AOI are watching them.

b. Relationship between the healthcare professional and ambulance staff: Mr Tsubaki is very proud of being a head nurse, and is regarded as a capable nurse. On the other hand, Mr Ryusei, who is an ambulance staff, is eager to help suffering people. As indicated in the prior scenes 1 and 2, both are caring and capable in communication as well. However, between them exists some competitive antipathy, particularly on HN Mr Tsubaki.

c. Politeness phenomena and politeness strategies: The focal constraint of approbation/modesty in GSP for this excerpt is found in line 19 uttered by Mr Ryusei and line 20 uttered by Mr. Tsubaki. The line 19 is a speech act of criticism though soft and not harsh reprimand at all, with minus approbation of placing a low value on hearer’s goal. In this context, Mr. Ryusei places a low value on Mr Tsubaki’s goal of giving more artificial respiration poundings. Mr Tsubaki, who utters line 20, becomes upset from the critical-like comment from Mr Ryusei, who is not a proper healthcare professional. Line 20 is the speech act of boasting with the negative modesty of placing a high value on the speaker’s goal. This excerpt shows how the failure of using politeness strategies may lead to anger and quarrels. In the stressful and chaotic situations at and after disasters, healthcare providers themselves are exhausted both physically and mentally, as described in the latest issue of *Journal of Japan Society of Disaster Nursing* (e.g., Sakai et al., 2011). Under such tense conditions, the tolerance levels are lower than under the normal and healthy conditions. In this case, the discord is raised with the healthcare providers, and it may be worthwhile to explore the ways in which to avoid such situations. Mr Ryusei, who looks younger, might remark in the different way in the line 17. Instead of just requesting Mr Tsubaki to change his turn, he might modify the utterance using careful politeness strategies such as starting from apology that Japanese people use frequently when they ask something to the older or higher status people. Starting to apologize is the item 4 of negative politeness strategies in Brown and Levinson (1987) endorsed by Yoshioka (2007). Regarding the degree of face threatening act, in a different way from the previous two scenes, the imposition of exchanging the turn delivering CPR to the simulated victim does not seem to weigh much but their power relationship and social distance are sensitive and negatively affect the imposition of changing Mr Tsubaki’s behavior, that is, to stop CPR. In a sense, stopping the CPR weighs heavily for Mr Tsubaki, who probably wants to show he is a devoted and capable team member. Mr Ryusei’s statement in line 19 loses Mr Tsubaki’s face, the self-image or dignity that he would like to maintain. From a different perspective, however, exposing their wants explicitly may be possible only among the individuals who trust each other. In Leech (2005) “bantering” may function to strengthen the ties among male interlocutors who otherwise are antipathetic toward each other.

**Scene 4** (constraint/maxim: opinion) Vol. 21: 115.

21 Passenger 1: *Doo natterun da yo!?* [What is all going on!?]

22 Conductor: *Ima kyukyuuutaiga....* [Now the rescue team...]

23 Passenger 2: ***Kocchi wa iinda yo!*** **[We do not need it here!]**

24 Passenger 3: *Kuruma no hoo misuteru tsumori ka!?*

[You are going to abandon the victims in the car!?]

25 Nurse AOI: *Kyukyuuutai desu.* [We are the rescue team.]

26 Conductor: *Kochira de kega sareteiru kata wa?* [Anyone injured here?]

27 Passenger 2: ***Ii kara!*** **[We don't need help!]**

28 Passenger 3: *Hayaku acchi itteyareyo!* [You should go help them!]

(The passengers keep shouting, and the leader of rescue team makes an announcement in response to the commotion.)

a. Situation and context of communication: This scene describes the simulated mass accident caused by the train crash into the car, incurring more than one hundred casualties. Some passengers who are simulated in this excerpt worry more about the car passengers rather than themselves. Nurse AOI, helping the train conductor, is on the train to ask if anyone is injured.

b. Relationship among train passengers (victims), conductor, and the healthcare professional: The passengers on train may not have known one another but because they are on the same train at the crash, they may start to interact with one another, and there are possibly some relationships developed. Neither Nurse AOI nor the train conductor has had any relationship with each other or with any passengers.

c. Politeness phenomena and politeness strategies: The focal constraint of opinion in GSP is in the lines 23 and 27 in this scene. Both the lines 23 and 24 represent the speech act of disagreeing with the maxim of minus agreement placing a low value on the hearer's goal. Even if the speech act of disagreement is used here by putting a low value on either the train conductor and Nurse AOI who comes to the train for the purpose of saving the injured. Their motivations are from the humane desire of helping other people. Regarding the degree of face-threatening act, the imposition of refusing the help from rescue team may not be very heavy. The power relationship between Nurse AOI and the train passengers is not very clear but judging from the speech register of plain form in the line 23 the train passenger may have more power or at least they perceive they have more power than Nurse AOI. Their social distance is also vague but through the verbal interaction such as shown in this excerpt they may feel closer gradually. Taking these three factors in mind, the degree of face-threatening act here is not very high. Regarding the politeness strategies, the train passengers who talk here and are in a good shape add some phatic expression to give some sense of appreciation, which is the item of negative politeness strategy in Brown and

Levinson (1987), endorsed by Yoshioka (2007). In disasters where rescue team are active, the victims who suffer from minor things may find some ways to enhance the quality of communication, using some strategies instead of using the demanding register as found in the line 28 for example. The limitation for this analysis is that these passengers are playing simulated roles as a part of a medical rally.

Scene 5 is from volume 22, which latter part deals with the “real” mass accident caused by a huge tank truck. On the way back from the medical rally, the team consisting of Nurse Aoi, Mr Ryusei, HN Tsubaki, and Dr. Eguchi encounter the ‘real’ mass accident. In the middle of rescuing the victims, Nurse Aoi and HN Tsubaki meet a wife named Mizukawa who appears in scene 2. Her husband who sheltered her died of the accident and her father cares about her and her baby inside. Her father once criticized Aoi and Tsubaki when they left her in the car to help other injured people. Later, with efforts of Aoi, Tsubaki and other staff, Ms Mizukawa gave a birth of a healthy baby.

**Scene 5** (constraint/maxim:obligation) Vol. 22: 157-158.

29 Patient’s father (Mr Mizukawa): *Boshi tomoni antei siteru*  
[Both mother and child are in a stable condition.]

*Ima no tokoro wa...* [So far..]

30 Nurse Aoi: *Yokatta-* [I am glad-]

(HN Tsubaki looks relieved.)

31 Mr Mizukawa: *Ja...* [So long]

32 Nurse Aoi and HN Tsubaki (bowing): *Arigatoo gozaimashita.*  
[Thank you very much.]

33 Mr Mizukawa: *Musume to mago dakejanai*  
[Not only my daughter and grandchild but also]  
(HN Tsubaki and Nurse Aoi look puzzled.)

34 Mr Mizukawa: *Kimitachi wo shinjita watashi mo sukuwareta yo.*  
[I myself, who believed in you, was saved, too.]

(Both Nurse Aoi and HN Tsubaki look satisfied, and bow as he leaves hospital.)

a. Situation and context of communication: This scene is that of a father, Mr Mizukawa, who comes to show the hospital staff a photo of his daughter and her baby. His daughter had complications with in her pregnancy at a time of medical emergency or “difficulty.” Being pleased to know that the photo shows a baby and his daughter’s wellness and thankful for his coming to report good news to them, both Nurse Aoi and HN Mr Tsubaki express their appreciation with bowing. In return, he appreciates their effort of having taking good care of and saving his daughter and grandchild and adds that he

was “saved” too through the trust he placed in both Nurse Aoi and HN Mr Tsubaki.

b. Relationship between the healthcare professional and her patient: Their relationship in this scene appears healthy but this father had been very difficult, constantly complaining. But through such adversity it appears that they have established a good relationship.

c. Politeness phenomenon and politeness strategies: The focal constraint of obligation is found in the lines 32 and 34. Both are the speech act of thanks with a positive obligation of placing a high value on the hearer’s wants. GSP indicates the two different directional thanks, which are thanks to the other person or hearer and the response to thanks directed to speaker. In this communication scene, the line 32 is the speech act of thanks and the line 34 may be interpreted as the response of thanks. Regarding the degree of face-threatening act, the case here seems to be an example of face-enhancing acts proposed by Suzuki (2007). Regarding the degree of face-enhancing act, the power relations are balanced, social distance is also balanced, and the imposition or burden is very light. Under such optimal circumstances, politeness strategies may not be required. Expressing appreciation can be either a positive or negative politeness strategy depending on the context, whether the interlocutors want to be approved or not to be impeded. This excerpt may then have dual functions.

#### **4 Conclusions**

The present study was conducted in order a) to examine the ways in which healthcare providers in difficult times use politeness strategies with the patients’ or victims’ family members b) to find out what kind of factors may help develop the politeness in an integrative manner in difficult situations and c) to find out what kind of politeness strategies seem to be successful in establishing better communication and relationships even in difficult times.

After examining closely five scenes from the manga *Nurse Aoi*, we tentatively make the following conclusions:

- 1) Even under the difficult circumstances where medical needs may be prioritized, politeness strategies can be used to enhance communication with the patient and the patients’ family members. In a different way, successful communication events at difficult times reveal the effective use of both positive and negative politeness strategies.
- 2) Rather than negative politeness strategies, positive politeness strategies that may improve positive face, the need to be approved, seem to be projected more frequently during the healthcare communication events we examined, events which occurred at difficult times.



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- 3) Small non-verbal behaviors such as the eye gaze found in Scene 1 or holding the shoulder in Scene 2 seem to be effective and can be interpreted as functions of positive politeness strategies.
- 4) Each of five scenes has a line projecting the constraint/maxim in Leech's GSP framework, which suggests that this framework can be applied effectively in Japanese communication events.
- 5) Analyzing communication using Brown and Levinson's Politeness Theory and Leech's framework of Grand Strategy of Politeness suggests the ways in which their politeness strategies do seem to apply to the Japanese context, as long as the focus remains on the relative or social politeness scale.

In the future should raw data become available from actual healthcare settings of communication events during medical emergencies, disasters, or other “difficult times”, the findings from this present study based on the less rigorous data of manga might be compared and possibly gain transferability. In the meantime, our conclusion is that attention to politeness strategies during communication with patients and victims may be effective for enhancing the quality of healthcare services.

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#### **References**

- Brown, P., & Levinson, S. C. (1987). *Politeness*. Cambridge: Cambridge University Press
- Daily, E, Padjen, P., & Birnbaum, M. (2010). A review of competencies developed for disaster healthcare providers: Limitations of current process and applicability. *Prehospital and Disaster Medicine*, 25(5). 387-395.
- Eisenman, D. P., Cordasco, K. M., Asch, S., Golden, J. F., & Glik, D. (2007). Disaster planning and risk communication with vulnerable communities: Lessons from Hurricane Katrina. *American Journal of Public Health*, 97(supplement). 109-115.
- Goffman, E. (1967). *Interaction ritual*. Garden City. New York: Anchor/Doubleday.
- Haga, T. (2011). “Do non-Japanese become vulnerable people in a disaster?” Presented at the SIETAR: Society for Intercultural Education, Training, and Research, Japan 26<sup>th</sup> Annual Conference, October, Himeji, 31-33.
- Hall, E. (1977). *Beyond culture*. New York: Anchor Books.

- Henderson, V. (1960, 1997). *Basic principles of nursing care*. Geneva: International Council of Nurses.
- Ide, S. (1989). Formal forms and discernment: two neglected aspects of universals of linguistic politeness. *Multilingua*, 8(2), 223-248.
- Johnston, J. B. (2003). *Personal accounts from survivors of the Hilo Tsunamis of 1946 and 1960: Toward a disaster communication model*. Unpublished master's thesis, University of Hawaii.
- Kawane, H., Watanabe, S., & Takeshita, N. (2007). *Isha/Iryo-Manga ni mirareru kitsuen byoshabamen nitsuiteno chosa*. [Study on scenes of smoking in healthcare comic books], *Nihon Ijishinpo [Japan Medical Journal]*, 4358, 81-83.
- Kruijver, I., Kerkstra, A., Bensing, J. M., & van de Wiel, H. (2001). Communication skills of nurses during interactions with simulated cancer patients. *Journal of Advanced Nursing*, 34(6), 772-779.
- Koshino, R. (2008-2009) *N's AOI [Nurse Aoi]* Vol. 20, 21, 22. Tokyo: Kodansha.
- Lakoff, R. (1972). Language in context. *Language*, 48(4), 907-927.
- Leech, G. (1983). *Principles of pragmatics*. London: Longman.
- Leech, G. (2003). Towards an anatomy of politeness in communication. *International Journal of Pragmatics*, 34(12), 1733-1756.
- Leech, G. (2005). Politeness: Is there an East-West Divide? *Journal of Foreign Languages*, 160, 1-30.
- Leech, G. (2009). *Lectures on politeness*. At the Japan Association of College English Teachers (JACET) seminar in Kusatsu, August.
- Mantanle, P. (2008). Men under pressure: Representation of the 'Salaryman' and his organization in Japanese Manga. *Organization* 15(5), 639-664.
- Matanle, P. (2010). *Your eyes are lifeless! Manga is the social construction of a gendered hierarchy of employment relations in the Japanese firm*. Presented at the management and economics workshop sponsored by German Institute for Japanese Studies, Tokyo, Japan, November. Abstract: [http://www.dijtokyo.org/events/your\\_eyes\\_are\\_lifeless](http://www.dijtokyo.org/events/your_eyes_are_lifeless)
- Matsuoka, R., & Poole, G. (2010). The use of politeness strategies in Japanese healthcare settings: Analysis of manga discourse between healthcare providers and a "difficult" patient. *NCNJ*, 9(1), 9-17.
- Matsuoka, R., & Poole, G. (2011). Gender, power, and face in nursing communication: A sociolinguistic analysis of speech events in a Japanese healthcare manga series. *NCNJ*, 10(1), 1-10.
- Matsuoka, R., Smith, I., & Uchimura, M. (2009). Discourse analysis of encouragement, *NCNJ*, 8(1), 31-42.
- Matsuoka, R., Smith, I., & Uchimura, M. (2011). Discourse analysis of encouragement in healthcare manga. *Journal of Pan-Pacific Association of Applied Linguistics*, 15(1), 49-66.

Politeness strategies in healthcare communication at “difficult times”:  
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- Maynard, S. K. (2004). *Discourse linguistics*. Tokyo: Kuroshio.
- Maynard, S. K. (2005). *Danwahyogen handbook* [Handbook for discourse expressions]. Tokyo: Kuroshio.
- Maynard, S. K. (2008). *Multi-genru no danwabunseki* [Multi-genru discourse analysis]. Tokyo: Kuroshio.
- Natsume, F. (2004). *Mangagaku no chosen* [challenge of comicology]. Tokyo: NTT Shuppan.
- Northouse, L. L., & Northouse P. G. (1998). *Health communication*. Engwood Cliffs, NJ: Prentice Hall.
- Obara, M. (2011). *Senkutai katsudo houkoku: Miyagii/Iwate Daisanjitai* [Activity reports of advance team: Third team to Miyagi/Iwate prefectures]. *Journal of Japan Society of Disaster Nursing*, 12(3). 19-23.
- Oxford Dictionary of English. (2003). Oxford University Press.
- Pikor-Niedzialek, M. (2005). A critical overview of politeness theories in discourse analysis. *Seria Filologiczna Studia Anglica Resoviensia*, 3. 105-113.
- Polanyi, M. (1958, 1997). *Personal knowledge*. Chicago: University of Chicago Press.
- Reynolds, B., & Seeger, M. (2005) Crisis and emergency risk communication s an integrative model. *Journal of Health Communication*, 10. 43-55.
- Riley, J. B. (2000). *Communication in nursing*. St. Louis: Mosby.
- Sakai, N, Yamasaki, T. & Misawa, S. (2011). *Senkutai katsudo houkoku: Fukushima/Miyagi Daiichijitai* [Activity reports of advance team: First team to Fukushima/Miyagi prefectures]. *Journal of Japan Society of Disaster Nursing*, 12(3).12-15.
- Shirai, C. (2011). *Senkutai katsudo houkoku: Chiba/Ibaraki Daiichijitai* [Activity reports of advance team: First team to Chiba/Ibaraki prefectures]. *Journal of Japan Society of Disaster Nursing*, 12(3). 24-27.
- Spiers, A. (1998). The use of face work and politeness theory. *Quality Health Research* 8(1), 25.
- Steiff, J., & Barkman, A. (2010). *Manga and philosophy*. Chicago: Open Court.
- Suzuki, T. (2007). *A pragmatic approach to the generation and gender gap in Japanese politeness strategies*. Tokyo: Hitsuji-shobo.
- Tannen, D. (1986). *That's not what I meant*. New York: Ballantine Books.
- Thurson, G., & Chen, L. (2002). Risk communication in the aftermath of the world trade center disaster. *American Journal of Industrial Medicine*, 42, 543-544.
- Usami, M. (2006). *A preliminary framework for a discourse politeness theory: Focusing on the concept of relative politeness*. Tokyo: Kuroshio.

- Yamada, S. (2011). *Higashinihon Daishinsai* [The Great East Japan Earthquake]. *Journal of Japan Society of Disaster Nursing*, 12(3), 6-10.
- Yomiuri Shinbun (2007). *Todai Byoin kanshu iryo-manga* [Medical comics supervised by University of Tokyo Hospital]. P. 26, December 7th.
- Yoshioka, Y. (2008). *Iryo communication tekisetsuka notameno shakaigengogakuteki kennkyuu* [A sociolinguistic study for the optimum medical communication]. *Journal of Policy Studies*, 28, 251-253.
- Yoshioka, Y., Hayano, K., Tokuda, Y., & Miura, J. (2007). *Ryokona kanja ishikankei wo kizuku communication ni kookatekina politeness strategy* [Politeness strategies effective for communication to build good patient-doctor relationships]. *Medical Education*, 38(supplement), 39.
- Yoshioka, Y., Aizawa, M., Tanaka, M., Usami, M., Hayano, K., Tokuda, Y., Miura, J., & Nishizaki, H. (2008). *Politeness-riron wo ouyousita iryoo communication kyouiku program no yuukoosei*[Effectiveness of medical communication education applying politeness theory]. Presented at Japan society of languages, Morioka, 124-125.
- Waki, T. (2009). *Mogi-iryoo-mensetsu ni okeru gakusei no politeness strategy nitsuite* [Politeness strategies employed by students at simulated medical interviews. *Nihongo no kenkyuu*, 5(1), 128.
- Waki, T. (2011). *Mogiiryoi-iryoo-mensetsu ni okeru shuufuku no houki* [Forsaking the repairs at simulated medical interviews.] presented at Japan Health Communication Conference, September, Fukuoka, 25.
- Watts, R., Ide, S., & Ehlich, K. (Eds.). (1992). *Politeness in language: Studies in its history, theory and practice*. Berlin: Mouton de Gruyter.
- Watanabe, C. & Tachigaki, Y. (2011). *Senkutai katsudo houkoku: Miyagi/Iwate nijitai* [Activity reports of advance team: Second team to Miyagi/Iwate prefectures]. *Journal of Japan Society of Disaster Nursing*, 12(3), 16-19.
- Williams, C. & Gossett, M. (2001). Nursing communication: Advocacy for the patient or physician? *Clinical Nursing Research*, 10(3), 332-340.

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